

**DOMESTIC  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**CERTIFICATE OF CANCELLATION  
OF ARTICLES OF ORGANIZATION OF  
LIMITED LIABILITY COMPANY**

\_\_\_\_\_  
(Name of Limited Liability Company)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §625](#), the undersigned deliver(s) the following certificate of cancellation:

**FIRST:** The date the original articles of organization of limited liability company were filed: \_\_\_\_\_

**SECOND:** The reason for filing this certificate of cancellation is:

\_\_\_\_\_  
\_\_\_\_\_

**THIRD:** The effective date of the cancellation shall be ☐ the date of filing of this certificate ☐ as follows: \_\_\_\_\_

(Notice: upon filing this Certificate, the limited liability company shall be removed from the active records of the Secretary of State.)

**FOURTH:** Other provisions of this certificate, if any, are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

DATED \_\_\_\_\_

**Authorized Signature(s)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**For Authorized Signature(s) on behalf of Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*Certificate **MUST** be signed by:

- (1) all managers **OR**
- (2) if neither the manager nor the members are winding up the affairs of the limited liability company, then by all liquidating trustees **OR**
- (3) if the members are winding up the affairs of the limited liability company, then by a majority in interest of the members **OR**
- (4) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**